

Future updates of the present report should examine these data in race-sex detail. Behaviors examined include: those that result in intentional and unintentional injuries; tobacco use; alcohol and other drug use; sexual behaviors that result in teen pregnancy, HIV infection, and other sexually transmitted diseases; dietary behaviors; and physical activity. Data will be collected biennially.

ACCESS TO HEALTH CARE

A study recently reported in the *American Journal of Public Health*¹⁸ found that, among Medicare patients 65 or older, Whites were substantially more likely to get newer high-tech treatments and tests. Large disparities in cardiac services were found, even though the patients had similar insurance coverage. In addition to other explanations for the racial difference in care, the authors state that "the effect of patient race on physician and institutional decision making may be another important cause of our findings."

Other findings:

- More Black patients had Medicaid coverage in addition to Medicare.
- Whites were more likely to buy Medigap policies to help cover co-payments; Blacks were twice as likely to have to pay out-of-pocket expenses.
- Blacks were less likely to get hip and knee replacements, mammograms, and other tests.

Hospital discharge data collected by the North Carolina Medical Database Commission could easily be used to assess minority use of inpatient services except for one fact: race of the patient is not collected. In addition to that fact, there is no centralized reporting system for data on hospital outpatient and nonhospital health services. These data deficiencies must be corrected.

Meanwhile, the North Carolina Office of Minority Health recently surveyed 30 local health departments and 24 NAACP branches throughout the state

to assess the health care needs of African-Americans in North Carolina.¹⁹ A majority of both health department and NAACP representatives felt that more help was needed with transportation and with hours available to serve African-Americans. Half of health departments and 54 percent of NAACP representatives identified location of the health department as an area in need of improvement.

BLACK PERCEPTIONS OF THE YEAR 2000 HEALTH OBJECTIVES

*Healthy People 2000*⁴ offers a national vision for the 21st Century. This vision is characterized by significant reductions in preventable death and disability, enhanced quality of life, and **greatly reduced disparities in the health status of populations within our society**. Those goals are addressed through the declaration of several hundred health objectives covering 21 areas of natality, mortality, morbidity, preventive interventions, and health-related behaviors. The Year 2000 objectives for Blacks are listed in Appendix 1.

Using *Healthy People 2000* as a guide, Schneider et al.²⁰ have identified "the major public health goals and objectives that Black public health and political leaders agreed were of highest priority for Black Americans: those that are both important and most likely to be successfully addressed."

In a nationwide survey, responding Black health leaders ranked reducing alcohol and other drug abuse of primary importance, followed by preventing and controlling the human immunodeficiency virus (HIV) and the acquired immunodeficiency syndrome (AIDS) and preventing, detecting, and controlling hypertension, heart disease, and stroke. Black mayors listed preventing and controlling HIV/AIDS as of primary importance, followed by preventing and controlling sexually transmitted diseases and reducing alcohol and other drug abuse. Black legislators were split between reducing alcohol and other drug abuse, preventing and controlling HIV/AIDS, and improving maternal and infant health as of primary importance.